

47

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
POOR QUALITY ORIGINAL

Cornell Eugene Brown Jr.

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

v.

Michigan Department of Corrections
C.O. Glenn, Unknown Correctional
Officer, State of Michigan.

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case: 2:25-cv-11441
Assigned To : Murphy, Stephen J., III
Referral Judge: Stafford, Elizabeth A.
Assign. Date : 5/16/2025
Description: PRIS Cornell Eugene
Brown Jr. v MDOC et al
LLH

Jury Trial: ☒ Yes ☐ No
(check one)

**Complaint for Violation of Civil Rights
(Prisoner Complaint)**

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Cornell Eugene Brown Jr.

All other names by which you have been known:

ID Number

922387

Current Institution

Oaks Correctional Facility

Address

1500 Caberfae Hwy
Manistee, MI 49660**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Michigan Department of Corrections
(MDOC)Job or Title
(if known)

Shield Number

Employer

STATE OF MICHIGAN

Address

3855 Cooper St
Jackson, MI 49201☐ Individual capacity☒ Official capacity

Defendant No. 2

Name GLENN
Job or Title Correctional Officer
(if known)
Shield Number UNKNOWN
Employer MDOC
Address 3855 Cooper St
Jackson, MI 49201

☐ Individual capacity ☒ Official capacity

Defendant No. 3

Name State of Michigan
Job or Title
(if known)
Shield Number
Employer
Address

☐ Individual capacity ☒ Official capacity

Defendant No. 4

Name Correctional Officers Unknown
Job or Title Correctional Officers
(if known)
Shield Number UNKNOWN
Employer MDOC
Address 3855 Cooper St
Jackson, MI 49201

☐ Individual capacity ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8th Amendment, 14th Amendment, 5th Amendment,
 Prisoners Rights Act, Disabilities Act.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

N/A

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Defendants abused the power and authority by treating Plaintiff in ways that violated his rights protecting him from cruel and unusual punishment. Defendants knew plaintiff was disabled/with a disability evidenced and obvious by his use of a medical device (i.e. arm sling) and he was treated purposefully to cause pain even after the MDOC C.O. Glenn was verbally put on notice by Plaintiff of his disability. The actions and injuries were a direct consequence of the MDOC treatment of a disabled prisoner with complete disregard.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Charles Egeler Reception and Guidance Center
(RGC)

3855 Cooper St

Jackson, MI 49201

- C. What date and approximate time did the events giving rise to your claim(s) occur?

August 3, 2023 approximately 8²15pm.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

1. The State of Michigan is responsible to monitor, supervise, train, fund, and oversee the Michigan Department of Corrections (MDOC), in which they failed to do their required responsibilities.
2. The MDOC has failed to supervise, train properly, and maintain a safety, evidenced by C.O. Glenn's actions.
3. Correctional Officer Glenn was entering the housing unit and claimed he was investigating a claim that he smelled smoke, no evidence of this smoke existed, but as a result he told me (as I was the first person he seen walking into the unit) to "cuff up," while he was getting his handcuffs out, I told him that I have a medical detail in my pocket for my medical device (Arm/shoulder Sling) in which I was obviously wearing and explained my injured/disability, so he could cuff my hands in front of my body. I explained to him that cuffing my hand behind me would injure and be very painful, hence the medical device's purpose was to keep my arm in the exact opposite position than what he wanted, in order to prevent an injury, he purposefully ignored and rediscated my shoulder. There was no smoke, no urgency, and I was not in anyway a security risk, so to ignore the medical device, the medical detail sheet, my verbal warning, and all common sense training was to abuse his authority and to vindictively punish me further because I am an incarcerated and disabled individual with a disability.

As a result of my injuries I was taken to Dwayne Waters Hospital. The Doctors found I had a clear injury, decrease of active range of motion, which was substantially worst range from the previous/original injury.

I have been seeing a therapist for the PTSD associated with the trauma as well. My Psychologist has documented these visits and my PTSD. I am learning therapy methods to help with the intentional infliction of emotional distressed caused by C.O. Glenn. I also continue physical therapy exercises to work on my shoulder but it is still very limited due to the pain and lack of range. I am currently awaiting an MRI appointment to see if corrective surgery is necessary to help with the pain and range of motion.

The retaliation from C.O. Glenn occurred when I was turning in my Step 2 Grievance Appeal. At the RGC facility, the only place a Grievance can be submitted is in the "Grievance Box" located in the cafeteria. C.O. Glenn literally arrested me for and during my attempt to turn in the Grievance form after we discussed the fact that it was the Grievance on him and he tried to stop me from turning it in. Again, instead of cuffing me in the front, he re-injured my shoulder and further had other officers send me to the "hole" segregation for a "cooldown" period.

Administration discussed this incident with witness Joshua Hahn (#461457moo) whom witnessed both incidents and stated his opinion similar to my observation.

The supporting documentation such as the Grievances, Appeals, and Medical Documentation in support of the Grievances are attached. I am continuing medical treatment and will provide more upon receipt and request of the other parties.

Furthermore, I really hoped the MDOC and the State of Michigan would have taken my injury serious before C.O. Glenn would assault other inmates, disabled people or even employees of the MDOC, as he was truly abusive physically and verbally. The MDOC failed to provide proper training and failed to supervise this individual. Thus, a year later ^{he injured} a nurse.

The MDOC and C.O. Glenn failed to provide the necessary care for inmates with disabilities. Their negligence in failing to train and conduct themselves without abusing their authority is evident in itself through the repeated conduct of C.O. Glenn injuring me twice with complete disregard for the process as the C.O. Glenn was able to evade any oversight or training even after his retaliatory conduct, by interfering with the administrative process with further punishing me when I tried to use the only remedy available to prisoners, the grievance process. The actions of C.O. Glenn and the MDOC violated my rights and detrimented my mental and physical health.

7c

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

C.O. Glenn's actions cause the red injuries of dislocating my shoulder causing excrutating pain, then and daily since. This has also caused mental pain and suffering with PTSD. I am continuing treatment for both the mental and physical injuries. The physical injuries are harder to treat as the Facility does not have adequate resources, such as a needed MRI, and maybe surgery. Physical therapy excercises are done daily, but the pain still exist and range of motion still suffers as well.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

1. Future earning Economic Damages: \$250,000.00
for less earning capacity due to injury will restrict labor jobs,
2. Non-Economic Damages: \$350,000.00
For the pain and suffering of the physical injuries and mental suffering,
3. Punitive Damages: \$250,000.00
For C.O. Glenn's complete disregard of disabled persons and abuse of authority, and failure to train/supervise of MDOC and State of Michigan,
4. Punitive Damages: \$50,000.00
Allowing retaliatory actions against plaintiff for filing a grievance on the bad conduct,
5. Additional incidental costs in filing this suit,
6. Future Medical: \$100,000.00 and anything else the Court sees fit.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Charles Egeler Reception & Guidance Center
3855 Cooper Street.
Jackson, MI 49201

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes
☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes N/A
☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

MDOC
 Charles Egder Reception and Guidance Center
 3855 Cooper St
 Jackson, MI 49201

2. What did you claim in your grievance?

I explained that Officer Glenn ordered me to be cuffed, in which I advised him of my handicap, as my arm was in a medical device (arm sling), in which C.O. Glenn completely and intentionally disregarded by redislocating my arm by cuffing my hands behind my back instead in front. I was only being cuffed for investigation purposes.

3. What was the result, if any?

My grievance was denied.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I filed step 2 & step 3 grievances.
They were denied

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I have been continuously sought help from administration, as I suffered from retaliatory conduct, which was also grieved.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court (if federal court, name the district; if state court, name the county and State)

3. Docket or index number

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☐ No

N/A

If no, give the approximate date of disposition.

N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Defendant(s)

2. Court (if federal court, name the district; if state court, name the county and State)

3. Docket or index number

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☐ No

N/A

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: May 11, 2025.

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Cornell Eugene Brown Jr.
Cornell Eugene Brown Jr.
922387
1500 Caberdae Hwy
Manistee MI 49660
City State Zip Code

Additional Information:

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247-10/94
CSJ-247A

Date Received at Step I

03-07 2023

Grievance Identifier

1149123101011451171

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Cornell Brown Jr	922387	RAC	33-B-314	8/3/23	8/4/23

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 8/3/2023

If none, explain why.

I told officer Glenn I needed to be cuffed in the front due to a recently dislocated shoulder.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

On 8/3/2023 @ or around approx 7:30 pm (P.M.), Officer Glenn who was working 3 North at the time came over to a south cell and cuffed me for suspicion of smoking. I told officer Glenn before cuffing me that I have to be cuffed in the front due to my shoulder recently being dislocated. Officer Glenn stated, "I like it better from the back" thus causing further damage and my shoulder dislocated again. I was placed in a chair enduring agonizing pain. Officer FM witnessed this as well as a 3-North porter witnessed this and took steps to get me uncuffed. Officer had me endure cruel & unusual punishment. I know I have a medical detail for covering me which was further extended because of this officers actions. I was taken to Div H I evaluated. This officer needs further training about compassion for sick and injured inmates.

Grievant's Signature

RESPONSE (Grievant Interviewed?) ☒ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature

Date

Reviewer's Signature

Date

Respondent's Name (Print)

Working Title

Reviewer's Name (Print)

Working Title

Date Returned to

Grievant:

08-17-2023

If resolved at Step I, Grievant sign here.

Resolution must be described above.

Grievant's Signature

Date

MICHIGAN DEPARTMENT OF
CORRECTIONS

CSJ-247S 3/18/2019

I didnt receive a white copy just
Green, yellow, pink, goldenrod

STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM

(Use if space on the CSJ-247A is insufficient for a full response by stating on the CSJ-247A "See attached CSJ-247S")

Prisoner Last Name: Brown	Prisoner #: 922387	Lock/Location: 34L-B-3/RGC	Grievance #: RGC-23-08-1145-171
Prisoner Interviewed: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If "NO", Reason: _____			
Extension Granted: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If "YES", Enter End Date: _____			

COMPLAINT SUMMARY:

Prisoner states he needed to be cuffed in the front due to a recently dislocated shoulder, prisoner further states that Officer Glenn cuffed him from behind and caused damage and injury to his shoulder, prisoner states that his shoulder was dislocated again.

INVESTIGATION SUMMARY:

CO Glenn was interviewed by LT Bordin, nothing was discovered from this interview that would show that CO Glenn caused pain or injury to prisoner Brown. Prisoner Brown was suspected of smoking an unknown substance and was restrained and taken to 3 North base. prisoner was then escorted to 1 South and Duane Waters Health Center (DWH) Urgent Care (UC) for evaluation. A memo was provided by Captain Daniel (see attached) that further describes how the prisoner was seen in DWH UC by Nurse Practitioner Bowman (see attached prisoner injury report CSJ-156). The prisoner did not have a dislocated shoulder, further the prisoner admitted to not wearing his sling at the time of incident, prisoner Brown further under his own power moved the handcuffs from his back to the front of his body. LT Bordin interviewed prisoner Brown in the 3 South PC / ARUS Office on August 10, 2023. Prisoner stated that everything written in the grievance is truthfull and that CO Glenn did dislocated his shoulder. Prisoner denied slipping his handcuffs, or not wearing his sling for his shoulder.

APPLICABLE POLICY, PROCEDURE, ETC.:

Policy Directive 03.03.130 Humane Treatment and Living Conditions for Prisoners.

DECISION SUMMARY:

Grievance is denied at step 1, prisoners allegations that CO Glenn acted inappropriately by placing him in handcuffs from behind, when he had a sling on is false. Prisoner was restrained appropriately and prisoner slipped the handcuffs by his own choice. Prisoner was seen by RGC healthcare in DWH UC and medically evaluated. A statement is provided by Captain Daniel that further disproves what prisoner Brown is alleging occurred.

RESPONDENT NAME: M. Bordin	TITLE: Lieutenant CSS-12
RESPONDENT SIGNATURE:	DATE: 8/16/2023
REVIEWER NAME: J. Daniel	TITLE: Captain CSS-13
REVIEWER SIGNATURE:	DATE: 8/16/2023

Distribution: Original - Step I Grievance Coordinator

Copies - 3 To Grievant (1 Prisoner Copy, 1 for Step II filing, 1 for Step III filing)

MICHIGAN DEPARTMENT OF CORRECTIONS

PRISONER/PAROLEE GRIEVANCE APPEAL FORM4835-4248 5/09
CSJ-247BDate Received by Grievance Coordinator
at Step II: 09-01-2023

Grievance Identifier:

Rgc 23080114517I**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: Rgc CR
Hankins by 09-01-2023. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>Brown</u>	<u>922387</u>	<u>R.G.C.</u>	<u>32034L</u>	<u>8-3-2023</u>	<u>8/23/2023</u>

STEP II — Reason for Appeal

- 1) Said attached documents were not attached to my Step 1 response, i.e. "Incident/Injury Report"
- 2) This issue/Grievance was not resolved at Step 1 to my satisfaction, no relief.
- 3) I was called a "liar" and threatened w/ a ticket by Lt. Borden when interviewed on Step 1
- 4) My medical records supports my grievance on said date of Incident (I have copies myself for Lansing)

STEP II — ResponseDate Received by
Step II Respondent:
09-01-2023

Received

SEP 01 2023

RGC Grievance Coord.

T. Christman
Respondent's Name (Print)[Signature]
Respondent's Signature9/5/23
DateDate Returned to
Grievant:
09-06-2023**STEP III — Reason for Appeal**

Currently @ WCC

* See Attached Mental Health, only allowed crayons here

NOTE: Only a copy of this appeal and the response will be returned to you.**STEP III — Director's Response** is attached as a separate sheet.

DISTRIBUTION: White – Process to Step III; Green, Canary, Pink – Process to Step II; Goldenrod – Grievant

Step II Grievance Appeal Response

RGC 23-08-1145-17I

Name: Brown

Number 922387

Lock: RGC

Summary of Step I Complaint:

The grievant states he need to be cuffed in front due to a recently dislocated shoulder, the grievant further stats that Officer Glenn cuffed him from behind and caused damage and injury to his shoulder. The grievant states that his shoulder was dislocated again.

Summary of Step I Response:

The respondent writes that Officer Glenn was interviewed, during the interview nothing was found that would show that Officer Glenn caused pain of injury to the grievant. The grievant was suspected of smoking an unknown substance and was restrained and taken to 3 North base. The grievant was escorted to DWH urgent care for evaluation. A memo was provided by Capt. Daniel that describes how the prisoner was seen in DWH urgent care by Nurse Practitioner Bowman (see attached prisoner injury report). The grievant did not have a dislocated shoulder as noted by Nurse Practitioner Bowman, further the grievant admitted to not wearing his sling as the time of the incident, the grievant went on to states that under his own power he moved the handcuffs from his back to the front of his body. The grievant was interviewed stating that everything in the grievance was true and disputed slipping his handcuffs and not wearing his sling.

Summary of Reason for Appeal:

The grievant writes the attached documents were not provided to him, and that the issue was not resolved at step I to his satisfaction. The grievant states that he was called a liar and that medical records support his grievance.

Summary of Step II Investigation:

All information presented at step I was reviewed, information presented upon appeal to step II has also been reviewed.

Conclusion:

All documents presented with this Step II appeal have been reviewed. All relevant information was considered. This reviewer finds the response provided at Step I adequately address the merits of the main issue.

Based on the above, your grievance is considered **Denied** at Step II.

T. Chrisman, A/Warden

Respondent's Name (Print)

Respondent's Signature

Date

9/5/23

Original copy sent out on
~~Court Branch~~

~~11-10-2023~~
11-10-2023

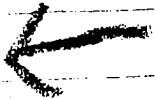
Step 3 Appeal

RGC23080114517I

1) said attached documents in response were not actually given: (Incident/Injury Report and Statement by Captain Daniels)

2) It keeps getting mentioned that I slipped my own cuffs to the front of me. However, this was done to alleviate the pain of my shoulder getting dislocated by C/O Glenn. Slipping my cuffs is NOT what dislocated my shoulder.

* 3) Medical records show (see attached) that before this grievance incident my shoulder had Full Active Range of Motion. Records also show that after this incident I had decreased Range of motion (see Highlighted differences in attached Medical Records)



4) my sling was across my body, it didnt have to have my arm in it due to me being in the housing unit per Dr. Bhavsang

5) my notice to C/O Glenn was blatantly disregarded as well as my medical detail I informed him I had. He didnt bother to ask to see it.

6) I never received a misconduct IF I was smoking an unknown substance, why didnt staff bother to write a ticket.

* Staff officers @ R.G.C. in Jackson MI have no regard for human prisoners
something needs to be done
- (Cornell Brown)

10/10/2023

*

R.G.C. Quarantine is acting in a corrupt manner.

My documented encounter @ the J.E.R. @ R.G.C. for dislocating my shoulder originally to receive the medical sling detail from exercising that later on C.O. Glenn disregarded occurred on 7-31-23. However; medical altered the documents to say this happened on the same day as the second occurrence when this officer actually dislocated my shoulder, which was 8-3-23. These incidents were 3 days apart and an investigation needs to be done.

Staff & administration @ R.G.C. cover themselves by lying and sticking up for corrupt officers.

All I wanted was an apology from C/O Glenn.

This led to a suicide attempt by myself later on @ R.G.C. as well as other

disregarded, rejected grievances and cries for help from administration against corrupt officers. My mental health has been affected drastically.

Inmates who witnessed Officer Glenn Dislocate my shoulder and disregard my medical Sling Detail

Joshua Hahn
MDOC # 461457

Darrol Couillard
MDOC # 724460

Prisoner Chok
MDOC # 962527

Inmate Hahn also witnessed a retaliatory incident I have documented in a separate grievance I will be sending to the Directors office in Lansing



A99

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
LANSING

HEIDI E. WASHINGTON
DIRECTOR

STEP III GRIEVANCE DECISION

Rec #: 147053


171

To Prisoner: Brown #: 922387
Current Facility: MTU
Grievance Identifier: RGC-23-08-1145-171
Step III Received: 11/17/2023

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances". Upon examination it has been determined that your issue was in fact considered, investigated, and a proper decision was rendered.

THE STEP III APPEAL IS DENIED.

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.


Richard D. Russell, Manager Grievance
Section, Office of Legal Affairs

Date Mailed:

NOV 29 2023

cc: Warden, Filing Facility RGC

Received back
night of 8/31/23
turned back in AM 9/1/23

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09
CSJ-247B

Date Received by Grievance Coordinator
at Step II: 09-01-2023

Grievance Identifier: Rgc 23080114517I

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the white copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

NOV 17 2023

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: Hawkins by 09-01-2023. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last) <u>Brown</u>	Number <u>922387</u>	Institution <u>R.G.C.</u>	Lock Number <u>30034L</u>	Date of Incident <u>8-3-2023</u>	Today's Date <u>8/23/2023</u>
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STEP II — Reason for Appeal

- 1) Said attached documents were not attached to my Step I response, i.e. "Incident/Injury Report"
- 2) This issue/Grievance was not resolved at step 1 to my satisfaction, no relief.
- 3) I was called a "liar" and threatened w/ a ticket by Lt. Borden when interviewed on step 1
- 4) My medical records supports my grievance on said date of Incident (I have copies myself for Lansing)

STEP II — Response

* See Attached *

Date Received by
Step II Respondent:
09-01-2023

Received

SEP 01 2023

T. Chrisman
Respondent's Name (Print)

[Signature]
Respondent's Signature

9/5/23
Date

RGC Grievance Coord.

Date Returned to
Grievant:
09-06-2023

STEP III — Reason for Appeal

* See Attached Mental Health, only (currently @ WCC allowed crayons here) *

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

Michigan Department of Corrections

Medical Detail Special Accommodations

Off #: 0922387

Offender Name: Brown, Cornell Eugene Jr.

☐ No Work

Exp. Date: _____

☐ Lay In

Exp. Date: _____

Housing Restriction:

Restriction

Bottom Bunk

Expiration Date

06/18/2024

Physical Limitation/Restriction☒ No Restrictions**May have the following equipment in his/her possession:****Equipment**

Start Date

08/01/2023

End Date

08/07/2023

Return Date

Ice Pack

ICE PACK DETAIL. Three times per day. Obtain from chow hall.

07/31/2023

Sling

arm sling R shoulder

Comments: N/A

12/18/2023

Date

Offender Name: Brown, Cornell Eugene Jr.

Off #: 0922387

Lock:

A:099:Bot:02

ALL EXPIRATION DATES ARE AT 24:00

my ice detail
was extended due
to this officers
actions.

Michigan Department of Corrections Clinical Encounter

Offender Name: Brown, Cornell Eugene Jr.
Date of Birth: 11/08/1995
Encounter Date: 07/31/2023 17:38

Sex: M
Provider: Woolsey, Darel [DW8]

Off #: 0922387
Facility: RGC
Unit: 3 S Officer Station

DWH ER Paramedic/EMT encounter performed at ER.

SUBJECTIVE:

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Woolsey, Darel [DW8]

prisoner here from rgc c/o rt shou;der dislocation. Prisoner arrives awake alert ambulatory holding rt arm tight to his chest. prisoner states he was working out and dislocated his shoulder not sure if he got it back in or not states history of rt shoulder dislocations with surgery to repair. scar on rt shoulder shoulder feels to be in place and prisoner able to move arm up down and side to side . vitals taken as charted np Foltz to evaluate pt. pt given motrin 600 p.o. pt released to return to lock exited er awake alert ambulatory in stable condition

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/31/2023	17:48 RGC	97.3	36.3		Woolsey, Darel [DW8]

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/31/2023	17:48 RGC	71			Woolsey, Darel [DW8]

Respirations:

Date	Time	Rate Per Minute	Provider
07/31/2023	17:48 RGC	18	Woolsey, Darel [DW8]

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/31/2023	17:48 RGC	103/72				Woolsey, Darel [DW8]

SpO2:

Date	Time	Value(%)	Air	Provider
07/31/2023	17:48 RGC	97		Woolsey, Darel [DW8]

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
07/31/2023	17:48 RGC	Unavailable	0.0		Woolsey, Darel [DW8]

Exam:

ASSESSMENT:

Other

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
08/01/2023	Counseling	Access to Care	Woolsey, Darel	Verbalizes Understanding

Offender Name: Brown, Cornell Eugene Jr.
Date of Birth: 11/08/1995
Encounter Date: 07/31/2023 17:38

Sex: M
Provider: Woolsey, Darel [DW8]

Off #: 0922387
Facility: RGC
Unit: 3 S Officer Station

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
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Co-Pay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Standing Order: No

Completed by Woolsey, Darel [DW8] on 08/01/2023 09:58

Michigan Department of Corrections Clinical Encounter

Offender Name: Brown, Cornell Eugene Jr.		Off #: 0922387	
Date of Birth: 11/08/1995	Sex: M	Facility: RGC	
Encounter Date: 08/03/2023 07:53	Provider: Foltz, Gregory [GF4] NP	Unit: 3 S Officer Station	

DWH ER Provider encounter performed at ER.

Barriers to Communication: None

SUBJECTIVE:

COMPLAINT 1 Provider: Foltz, Gregory [GF4] NP

Chief Complaint: Musculoskeletal

Subjective: This patient is a 27 YO white male presenting to the DWH UC from RGC intake with a complaint of R shoulder pain which he states he believes he dislocated during exercises. The patient states he thinks his shoulder relocated and said he dislocated is twice requiring ED intervention where he had surgery following the second dislocation. The patient states he has dislocated and relocated his R shoulder three times since the surgery including today's incident. The patient is able to raise his arms extended straight out about his head bilaterally and rotate his r arm around with little difficulty. He does complain of moderate pain in his R shoulder upon ambulation of his R arm.

HPI: Patient has a past medical history which includes psychiatric diagnosis and HIV, also a surgical history of R shoulder repair. The patient is a 27 YO white male who presents with R shoulder pain which was caused by exercise.

PMH: See COMS

Meds: See COMS

Allergies: NKDA

Pain Location: Shoulder-Right

Pain Scale: 6

Pain Qualities: Aching

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

ROS:

Musculoskeletal

General

Yes: Shoulder Pain

R shoulder pain

OBJECTIVE:

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Offender Name: Brown, Cornell Eugene Jr.
 Date of Birth: 11/08/1995
 Encounter Date: 08/03/2023 07:53

Sex: M
 Provider: Foltz, Gregory [GF4] NP

Off #: 0922387
 Facility: RGC
 Unit: 3 S Officer Station

Exam:

Yes: Alert and Oriented to Time, Place, and Person

Mental Health**Affect**

Yes: Normal

Attention

Yes: Normal

Musculoskeletal**Shoulder**

Yes: Full Range of Motion, Symmetric, Normal Active ROM, Normal Passive ROM, Neurovascular Intact, Tenderness

No: Non-tender on Palpation, Warm to Touch, Clicking, Popping, Locking

Shoulder ROM and Tests

Yes: Forward Flexion, Forward Extension, Axillary Nerve Motor Intact, Axillary Nerve Sensory Intact

Pain**Appearance**

Yes: Appears in Pain

Pulmonary**Observation/Inspection**

Yes: Normal

ASSESSMENT:

Unsp injury of right shoulder and upper arm, init encntr, S49.91XA - Current, Temporary/Acute, Initial

PLAN:**Disposition:**

Kite PRN

Co-Pay Required: No Cosign Required: No

Telephone/Verbal Order: No

Standing Order: No

Completed by Foltz, Gregory [GF4] NP on 08/07/2023 09:25

Michigan Department of Corrections Clinical Encounter

Offender Name: Brown, Cornell Eugene Jr.
Date of Birth: 11/08/1995
Encounter Date: 08/03/2023 20:15

Sex: M
Provider: Bowman, Melissa [MB38]

Off #: 0922387
Facility: RGC
Unit: 3 S Officer Station

DWH ER Provider encounter performed at ER.

Barriers to Communication: None

SUBJECTIVE:

COMPLAINT 1 Provider: Bowman, Melissa [MB38] PA

Chief Complaint: Pain

Subjective: Patient is 27 year old male who states his right shoulder became dislocated when being handcuffed. Patient states it dislocates very easy. Multiple dislocations recently. Patient states he believes shoulder is back in place.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

ROS:

Cardiovascular

General

Yes: Normal

General

Constitutional Symptoms

Yes: Current Medical, Dental, Mental Health Complaint

No: Dizziness, Dyspnea, Nausea
right shoulder pain

Pulmonary

Respiratory System

Yes: Normal

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
08/03/2023	19:54	97.3	36.3	RGC	Charbonneau, Robert [RC7]

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
08/03/2023	19:54	90	RGC	was 70, Higher rate, was distraught	Charbonneau, Robert [RC7]

Respirations:

Date	Time	Rate Per Minute	Provider
08/03/2023	19:54	18	Charbonneau, Robert [RC7]

Blood Pressure:

Michigan Department of Corrections Clinical Encounter - Administrative Note

Offender Name: Brown, Cornell Eugene Jr.		Off #: 0922387
Date of Birth: 11/08/1995	Sex: M	Facility: RGC
Note Date: 08/03/2023 19:55	Provider: Charbonneau, Robert	Unit: 3 S Officer Station

DWH ER Paramedic/EMT encounter performed at ER.
Barriers to Communication: None

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Charbonneau, Robert [RC7]

Arrived ambulatory without difficulty for right shoulder injury. He is alert and oriented. He reports that his right shoulder "dislocated when I was cuffed." He was able to reduce the dislocation by himself and says that "it feels like it is back in place now." VS were documented. Exam by PA Bowman. Released with custody.

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
08/03/2023	19:54	RGC	97.3	36.3	Charbonneau, Robert [RC7]

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
08/03/2023	19:54	RGC	90		Charbonneau, Robert [RC7]

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
08/03/2023	19:54	RGC	18 Charbonneau, Robert [RC7]

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
08/03/2023	19:54	RGC	155/69	Elevated Blood Pressure		Charbonneau, Robert [RC7]

SpO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
08/03/2023	19:54	RGC	97 Room Air	Charbonneau, Robert [RC7]

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
08/03/2023	19:54	RGC	Unavailable	0.0	Charbonneau, Robert [RC7]

Co-Pay Required: No Cosign Required: No

Telephone/Verbal Order: No

Standing Order: No

Completed by Charbonneau, Robert [RC7] on 08/03/2023 19:59

Offender Name: Brown, Cornell Eugene Jr. Sex: M Off #: 0922387
 Date of Birth: 11/08/1995 Provider: Bowman, Melissa [MB38] Facility: RGC
 Encounter Date: 08/03/2023 20:15 Unit: 3 S Officer Station

Date	Time	Value	Location	Position	Cuff Size	Provider
08/03/2023	19:54	155/68				Charbonneau, Robert [RC7]

Elevated Blood pressure

Date	Time	Value(%)	Air	Provider
08/03/2023	19:54	RGC	97 Room Air	Charbonneau, Robert [RC7]

Date	Time	Lbs	Kg	Waist Circum.	Provider
08/03/2023	19:54	RGC	Unavailable	0.0	Charbonneau, Robert [RC7]

Exam:**Cardiovascular****Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Observation

Yes: Normal Rate, Regular Rhythm

General**Appearance**

Yes: Alert and Oriented to Time, Place, and Person, Appears in Pain, Well Developed/Well Nourished

No: Acutely Ill, Appears in Distress, Appears Well, Diaphoretic, Dyspneic, Visible Injury

Musculoskeletal**Shoulder**

Yes: Normal Bony Landmarks, Symmetric, Neurovascular Intact, Tenderness, Decreased Range of Active

Motion

No: Joint Deformity, Swelling, Crepitus

patient c/o right shoulder pain. Mildly decreased active ROM. Neurovasc intact. No obvious deformity. Does not appear dislocated.

Pulmonary**Auscultation**

Yes: Clear to Auscultation

Observation/Inspection

Yes: Normal

ASSESSMENT:

Unsp injury of right shoulder and upper arm, init encntr, S49.91XA - Current, Temporary/Acute, Not Improved/Same

PLAN:**New Radiology Request Orders:****Details**

General Radiology-Upper Extremities-
Shoulder [Right]

Frequency

One Time

End Date**Due Date**

08/04/2023

Priority

Routine

Authorization Number:

Specific reason(s) for request (Complaints and findings):

patient reinjured right shoulder

Disposition:

Condition on Discharge-Stable

Education Provided

Offender Name: Brown, Cornell Eugene Jr.
 Date of Birth: 11/08/1995
 Encounter Date: 08/07/2023 15:26

Sex: M
 Provider: Bhavsar, Janak [JB9] MD

Off #: 0922387
 Facility: RGC
 Unit: 3 S Officer Station

Other Infectious Diseases:

Syphilis: No
 Syphilis Last Treatment: N/A
 Genital Warts: No
 Chlamydia: Yes
 Gonorrhea: Yes
 Herpes: No
 Chicken Pox: No
 Other: No

Comments: 2020- Treated
 2021- Treated

* These are notes from
 the day I had my
 Physical done by
 Dr. Bhavsar @ R.G.C.
 4 days after incident

New syphilis reactive result with intake labs in July 2023.

Substance Use History:

	<u>Last Used</u>	<u>Frequency</u>	<u>Route</u>	<u>Type</u>	<u>Amount</u>
Marijuana	Within 6 months	Daily	Smoked		

Hx of Withdrawal Symptoms:

Comments:

Current Painful Condition:

Location: Right shoulder

Other Health Issues:

Current Medical Conditions: Right shoulder dislocation: patient reported two different episodes of Right shoulder dislocation while at RGC. First one was around 7.31.23 and the other one around 8.3.23. Patient was seen at DWHC urgent care at both times. However, patient was able to 'relocate' the joint on his own. New xray report reviewed with the patient. Patient reported mild anterior discomfort. No weakness, tingling, or numbness in Right upper extremity. Patient remains independent for ADLs. Patient reports use of APAP as needed.

Other Current Treatments: Syphilis: Pending response back from MDHHS. Patient denied new symptom or concern. Also, updated patient about change in plan regarding Syphilis treatment patients. Medical hold is not required going forward.

HIV: reviewed new lab results with CD4 count of 1314 (45.37%) and undetectable HIV Viral load. Patient denied new symptom or concern today.

Pregnant: N/A

Dental Condition: Denied

Pain in Teeth or Mouth: No

Swelling in Mouth: No

Dental Complaint: No

Current Dental Treatment: No

Comments:

Offender Name: Brown, Comell Eugene Jr.	Sex: M	Off #: 0922387
Date of Birth: 11/08/1995	Provider: Bhavsar, Janak [JB9] MD	Facility: RGC
Encounter Date: 08/07/2023 15:26		Unit: 3 S Officer Station

Extremities:

Nails Clubbing:

Nails Cyanosis:

Lower Extremity Edema - Right: None

Lower Extremity Edema - Left: None

Atrophy: No

Amputations: No

Other Deformities: No

Varicosities: No

Calf Tenderness: No

Pulse Deficit: No

Strength:	<u>Right</u>	<u>Left</u>
-----------	--------------	-------------

Arm:

Leg:

Full ROM:	<u>Right</u>	<u>Left</u>
-----------	--------------	-------------

Arm:	No	Yes
------	----	-----

Leg:	Yes	Yes
------	-----	-----

Comments: Right upper extremity in the sling. Minor asymmetry on anterior aspect of Right shoulder.
 ROM testing aborted due to patient's c/o discomfort.
 Right hand grip strength as expected and equal to Left hand.
 Right radial pulse intact and equal to Left radial pulse.
 Sensation intact in Right hand.

Reflexes:

	<u>Right</u>	<u>Left</u>
--	--------------	-------------

Biceps:

Patellar:

Brachioradialis:

Achilles:

Sensation:

Vibratory:

Light Touch:

Pin Prick:

Comments:

GU:

Chaperoned By:

Offender Name: Brown, Cornell Eugene Jr.
 Date of Birth: 11/08/1995
 Encounter Date: 08/07/2023 15:26

Sex: M
 Provider: Bhavsar, Janak [JB9] MD

Off #: 0922387
 Facility: RGC
 Unit: 3 S Officer Station

Item

Current Medical Conditions

Current Painful Condition

Other Current Treatments

Ice Pack

Sling

Tobacco History

ROM Right Arm

PPD Administration Not Performed

** Due to recent dislocation
 From officer Glenn, I
 have discussed consideration
 for a second surgery to
 fix my shoulder.*

Health Problems Newly Identified During This Encounter:

TypeHealth ProblemStatus

Chronic

Human immunodeficiency virus [HIV] disease

Current

Temporary/Acute

Late syphilis, unspecified

Current

Temporary/Acute

Unsp injury of right shoulder and upper arm, init encntr

Current

Schedule:

ActivityDate Scheduled Scheduled Provider

MP Follow Up

09/07/2023 00:00 Medical Provider

HIV, Syphilis (pending decision on treatment plan), Recurrent dislocation of Right shoulder joint. Risk score not available. Check for new risk score. Arrange chronic care visit accordingly.

Other:

HIV: Continue current treatment plan. Patient to follow with infectious disease team once the appointment was made.

Syphilis: patient was advised about plan to follow-up on recommendations per MDHHS. Also, advised patient that there was no medical hold for syphilis treatment.

** Right shoulder: Advised patient about xray report. Encouraged patient to use sling and to use APAP for comfort measures. Discussed consideration for orthopedic consultation. However, patient deferred it 'till I get to next prison'. One month follow-up visit requested.*

Lab results and xray reports reviewed with the patient. Triglycerides just above normal (152). Educated patient to watch for foods with higher cholesterol content.

Reviewed and signed CHJ 631. Copy given to patient. Patient had signed CHJ 465 during BFU visit.

Cleared to a 003 site.

Encouraged healthy diet and lifestyle and to avoid risky behaviors.

Risk score not available.

MP follow-up as scheduled.

****The record is cumulative and other medical staff may have contributed data that appears in this document****

Disposition:

Education Provided

Kite PRN

Patient Education Topics:

SENSITIVE BUT UNCLASSIFIED

Michigan Department of Corrections

Mental Health Progress Note

Offender Name: Brown, Cornell Eugene Jr. Off #: 0922387
 Date of Birth: 1/08/1995 Sex: M Facility: RGC
 Date: 09/05/2023 14:04 Provider: Pearson, Thomas [TP]
 Level of Care: OPT - V

Barriers to Communication: None

Reason for Services

Kite sent stating that he is being discriminated against and harassed by officers.

Comments

Inmate Brown reports that he has a complaint of being physically assaulted by an officer. Reports that an officer accused him of smoking an unknown substance and attempted to cuff him up. Inmate Brown stated that he informed the officer of a shoulder injury and the officer ignored his plea. The officer handcuffed him with his hands in the back. While sitting in the chair the inmate slid his arms up under his legs and moved the handcuffs to the front. Inmate reports that he later presented to the DWH Hospital and the medical report indicated a decrease in his range of motion in his shoulder. Inmate believes that this injury occurred due to being handcuffed from the back. Reports filing a grievance and having a hearing on these accusations. Reports that he has specifically filed a grievance against the officer for that occurrence. Inmate reports that he is being discriminated against by not being allowed to work as a Porter on the unit. Inmate reports that an officer clearly denied him the right to work on the unit due to previous CSC charges in his record. Inmate reports that he has filed a grievance against the officers and that he is now being retaliated against. Inmate reports that he was recently placed in a cell with the words "Cho Mo" written over the top of the cell in marker. Inmate feels that he is now being classified as a child molester in front of other inmates. Currently reports being approached by other inmates who are asking him questions about his charges. Inmate Brown also reports other forms of retaliation such as LOP and having his phone privileges taken away. Inmate Brown reports that these violations of his rights are causing him increased stress and he is in constant fear of further retaliation from officers. Inmate reports that he will now seek the assistance of an ADW to discuss an early transfer out of RGC. Inmate denies any thoughts of harming himself or others. Inmate was asked if he would like to contact an inspector at this time. The inmate stated, "No, not yet." "I will contact the ADW next."

Plan/Diagnostic Changes

Inmate instructed to maintain OPT services. Instructed to Kite mental health services as needed for additional support or concerns.

Follow-up/Next Appointment

Inmate will be scheduled for a mental health appointment within the near future.

Current Mental Status

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Appropriate

Thought Content: Normal

* This same officer
 Later was reprimanded
 & Arrested For assault
 on a nurse A year
 later @ this same
 facility.

Co-Pay Required: No Cosign Required: No

Telephone/Verbal Order: No

Standing Order: No

Offender Name:	Brown, Cornell Eugene Jr.	Off #:	0922387
Date of Birth:	11/08/1995	Sex:	M
Date:	09/05/2023 14:04	Facility:	RGC
Level of Care:	OPT - V	Provider:	Pearson, Thomas [TP]

Completed by Pearson, Thomas [TP] on 09/05/2023 14:14

Michigan Department of Corrections

Kite Response

Offender #: 0922387 **Offender Name:** Brown, Cornell Eugene Jr.

Location: MTU - RICHARD A HANDLON CORRECTIONAL

Lock: E:114:Bot:02

Discipline: Medical

Received Date: 04/28/2024

Initiated Date: 04/27/2024


Taken By: Lorentz, Melissa [ML5] RN

Request Type: Medical Question

Request Summary: "My arm has been bothering me for months. A lot of clicking & popping in my shoulder along with pain that often times is unbearable w/o my Tylenol/IBuprofen. This has occurred ever since a CO. in R.G.C. dislocated my shoulder. My Doctor recommended orthapedic consultation. May I Be referred to see if I need Surgery to repair Labrel?"

Plan/Action: Schedule nurse visit

Comments: You are scheduled to see the nurse. Please watch for your call-out and be on time for your appointment. In the meantime, keep taking your pain relievers as needed.



Michigan Department of Corrections
Kite Response

Offender #: 0922387 **Offender Name:** Brown, Cornell Eugene Jr.

Location: ECF - OAKS CORRECTIONAL FACILITY

Lock: 02:136L:Bot:B

Discipline: Medical

Received Date: 04/13/2025

Initiated Date: 04/13/2025

Taken By: Marier, Kirsten [KM36] RN

Request Type: Medical Question

Request Summary: I need a follow-up on my right shoulder from an incident involving a C.O. when my shoulder was injuring on 8/3/23. The pain is getting and has gotten worse when the weather changes. Pain is a 10/10 on pain scale and physical therapy did not help. I need a MRI to see about surgery options.

Plan/Action: Scheduled an appointment for above complaint.

Comments:

~~RETRIBUTION~~

will be seeking Legal assistance @ this point

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CS-247A

Date Received at Step I

08-30-2023

Grievance Identifier:

RGC230801275191

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Cornell Brown	922387	RGC	3s-B-344	8-28-23	8-28-23

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 8-28-2023

If none, explain why.

I explained to Glenn that I was turning in grievances & he lashed out on me & threatened me then called "code 4" & had me escorted to the hole. I fear further retaliation!! I have witnesses if needed

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

On or About 8/28/2023, about 12:30-1:00 during lunch, officer Glenn sent me to the hole for trying to turn in my step 2 grievance on him in for dislocating my shoulder while handcuffing me weeks prior to this. I walked in the chow hall towards the grievance box to turn in my original grievance about him injuring me disregarding my medical detail into the mailbox for grievances. He replied "I don't care, I'll do it again" when he stopped me telling me I had to leave my forms with him & I told him what they were. I responded to him saying "Quit talking to me". He then called "code 4" & requested me get cuffed up & sent to the hole. This is evident non-sense harassment. I am in fear for my safety & well being here now.

Mr. Cornell Eugene Brown
Grievant's Signature
Witness: # 461457 - Joshua Hahn

RESPONSE (Grievant Interviewed?) ☒ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

SEE ATTACHED

Received

AUG 30 2023

RGC Grievance Coord.

Respondent's Signature

Respondent's Name (Print)

Date

Working Title

Reviewer's Signature

Reviewer's Name (Print)

Date

Working Title

Date Returned to
Grievant: 10/4/23

If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

Retaliation Grievance Response

MICHIGAN DEPARTMENT OF
CORRECTIONS

CSJ-247S 3/18/2019

STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM

(Use if space on the CSJ-247A is insufficient for a full response by stating on the CSJ-247A "See attached CSJ-247S")

Prisoner Last Name: Brown	Prisoner #: 922387	Lock/Location: 34L-B-3S/RGC	Grievance #: RGC-23-08-1275-17I
Prisoner Interviewed:	YES <input type="checkbox"/> NO <input type="checkbox"/>	If "NO", Reason:	
Extension Granted:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If "YES", Enter End Date: 10/04/2023	
COMPLAINT SUMMARY: Prisoner states that on 8/28/2023 as he entered the chow hall and was attempting to turn in a Grievance to the Grievance box that CO Glenn informed him that he had to leave the forms with him. I informed him that it was a Grievance on him for disregarding my medical detail and having me handcuffed in a previous incident. Prisoner Brown stated that his response to CO Glenn was "Quit talking to me". Prisoner Brown stated that CO Glenn called "Code 4" and requested me to get cuffed up and sent to the hole. Prisoner Brown states this is evident nonsense harassment and "I'm in fear for my safety and well being here now. Prisoner Brown supplied a prisoner witness, prisoner Hahn #461457, (22-4-3S).			
INVESTIGATION SUMMARY: -Interviewed CO Glenn and was informed that he told prisoner Brown that there was <u>no paperwork allowed into the chow hall</u> , prisoner Brown got very verbally agitated and to the point of Creating a Disturbance in the chowhall. CO Glenn requested for inmate Brown to be escorted to 1 South for a cool down and to maintain Custody and Security during mass movement in the chowhall. -Interviewed prisoner Hahn #461457 and he stated that he was behind prisoner Brown when CO Glenn informed him that there was no paperwork allowed in the chowhall. Prisoner Hahn then stated that prisoner Brown informed CO Glenn that these were Grievances on him and that CO Glenn started to yell at prisoner Brown stating he didn't care and that he had to listen to him and give him all the paperwork that he had. Prisoner Hahn then stated that when prisoner Brown put the paperwork in the Grievance Box that CO Glenn had prisoner Brown put in the hole. -Attempted to interview prisoner Brown to resolve this issue, prisoner Brown refused to respond to any questions or statements to this investigation. <i>Lie. I was on suicide watch for a suicide attempt and explained</i>			
APPLICABLE POLICY, PROCEDURE, ETC.: 03.03.105 Prisoner Discipline 04.05.112 Managing Disruptive Prisoners. <i>to this Sgt. Ruhl that in which all transpired, how his officers are corrupt & due to this corruption I attempted suicide @ R.G.C.</i>			
DECISION SUMMARY: Based on this information obtained, there was not enough evidence to show any policy or procedure violations. <u>It is unknown if prisoner Brown had any additional paperwork in his possession or even wrote this Grievance.</u> Prisoner Brown refused to provide any information when attempting to clarify this Grievance. Staff have the right to Manage Disruptive Prisoners to maintain Custody and Security during mass movement. No misconducts were written and the above staff acted within policy.			
RESPONDENT NAME: Jeffrey Ruhl		TITLE: Sergeant	
RESPONDENT SIGNATURE: <i>[Signature]</i>		DATE: 10/03/2023	
REVIEWER NAME: <i>[Signature]</i>		TITLE: Cgt	
REVIEWER SIGNATURE: <i>[Signature]</i>		DATE: 10/3/23	

Distribution: Original - Step I Grievance Coordinator

Copies - 3 To Grievant (1 Prisoner Copy; 1 for Step II filing; 1 for Step III filing)

MICHIGAN DEPARTMENT OF CORRECTIONS

PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09
CSJ-247BDate Received by Grievance Coordinator
at Step II: 11-1-2023

Grievance Identifier:

RGC 23080127517I**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to:

Hawkinsby 10-19-23

. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>Brown</u>	<u>92387</u>	<u>MTU</u>	<u>A-99-L_{lower}</u>	<u>8/22/2023</u>	<u>10/23/2023</u>

STEP II — Reason for Appeal

- 1) My rights were violated when I was denied access to turn my ~~grievance~~ grievance in the appropriate place, then made out to have been the problem, and sent to the hole for a "cooldown" when I was never irate or disturbing.
- 2) My witness was brushed off & his truth was turned down, even after he specifically stated I was harassed by Officer Glenn when trying to turn in a grievance on him.
- 3) These events were a ripple effect of cries for help from me @ RGC. Nothing was done & I ultimately tried taking my life due to mental anguish I faced.

STEP II — Response

- 1) From Admin. Strations injustice @ RGC.
- 2) This matter was not resolved.
- 3) Sgt. Ruhl lied in his response, I did respond to all questions & statements pertaining to this incident when questioned by Sgt. Ruhl.
- 4) How else would he know that I didn't wish to sign off this grievance?

Date Received by
Step II Respondent:11-1-2023Rejected untimely new # RGC-23-08-DIS OCT 31 2023

RGC Grievance Coord.

Respondent's Name (Print)

Respondent's Signature

Date

Date Returned to
Grievant:11-1-2023**STEP III — Reason for Appeal****NOTE:** Only a copy of this appeal and the response will be returned to you.**STEP III —** Director's Response is attached as a separate sheet.

DISTRIBUTION: White – Process to Step III; Green, Canary, Pink – Process to Step II; Goldenrod – Grievant

RGC-23-080-1275-17I

Grievance Appeal was rejected after I explained my transfers to other Mental Health facility being the cause for delay. By doing this, hopes I would drop this issue.

~ Cornell Brown Jr

Cornell Eugene Brown Jr
#9222387
Oaks Correctional Facility
1500 Caberface Highway
Manistee, MI 49660

THE MARSHALS

RECEIVED
MAY 16 2025
CLERKS OFFICE
DETROIT

CLERKS OFFICE
U.S. DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
THEODORE LEVIN UNITED STATES COURTHOUSE
231 WEST LAFAYETTE BLVD,
DETROIT, MI 48226